

Los Angeles County Sheriff's Department

Officer Involved Shooting

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Report Date: 12/31/14		Bureau/Station/Facility: Compton Station		Admin. Invest? <input type="checkbox"/> HK? <input checked="" type="checkbox"/>	
Incident Information					
URN: 014-17104-2814-013		Date: 12/31/14		Time: 1624 hours	
City or Station: Compton		Nature of Incident: Deputies responded to a person with a gun call. The suspect was shot and killed when she pointed a handgun at her [REDACTED]			
Location: [REDACTED] West Compton Boulevard, Compton					
Location Type (check one or more): <input type="checkbox"/> Backyard <input type="checkbox"/> Beach <input checked="" type="checkbox"/> Business <input type="checkbox"/> Freeway <input type="checkbox"/> Industrial <input type="checkbox"/> Park <input checked="" type="checkbox"/> Parking Lot <input type="checkbox"/> Residence <input type="checkbox"/> Rural <input type="checkbox"/> School <input type="checkbox"/> Street Other:		Lighting (check only one): <input type="checkbox"/> Darkness <input checked="" type="checkbox"/> Daylight <input type="checkbox"/> Other <input type="checkbox"/> Street Lights Weather (circle only one): <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Cloudy <input type="checkbox"/> Fog <input type="checkbox"/> Rain Distance:		Incident Type (check one or more): <input type="checkbox"/> Accidental <input checked="" type="checkbox"/> Armed Person <input type="checkbox"/> Fleeing Suspect <input type="checkbox"/> Foot Pursuit <input type="checkbox"/> Gun Take Away <input type="checkbox"/> Moving Vehicle <input type="checkbox"/> Sniper/Ambush <input type="checkbox"/> Startle <input type="checkbox"/> Struggle Involved <input type="checkbox"/> Traffic Stop <input type="checkbox"/> Unarmed Person <input type="checkbox"/> Unintentional <input type="checkbox"/> Vehicle Pursuit <input type="checkbox"/> Warrant Service <input type="checkbox"/> Warning Shot Other:	
Initiated by (check only one): <input type="checkbox"/> Arrest Warrant <input type="checkbox"/> Call <input type="checkbox"/> Observation <input type="checkbox"/> One Person Unit <input type="checkbox"/> Other <input type="checkbox"/> Search Warrant <input checked="" type="checkbox"/> Two Person Unit Prior Activity (check only one): <input type="checkbox"/> Detective <input type="checkbox"/> Inmate Transport <input type="checkbox"/> Other <input checked="" type="checkbox"/> Routine Patrol		Aero Unit? <input checked="" type="checkbox"/> Canine Unit? <input type="checkbox"/>			
Total # of Shots Fired by Deputy 16		Total # of Shots Fired by Suspect 1			
Employee Witnesses					
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
[REDACTED]	Carter	Libira	R.	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
[REDACTED]	Lopez	Mark	A.	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Employee #	Last Name	First Name	M.I.	ShiftTime (check only one):	ShiftType (check only one):
[REDACTED]	Barajas	Gilberto	A.	<input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day	<input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty
Non-Employee Witnesses					
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		[REDACTED]	
Street Address		City		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]	
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		[REDACTED]	
Street Address		City		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]	
Last Name		First Name		M.I.	
[REDACTED]		[REDACTED]		[REDACTED]	
Street Address		City		Zip Code	
[REDACTED]		[REDACTED]		[REDACTED]	
Supervisors					
Employee #	Last Name	First Name	M.I.	(check one or more):	
[REDACTED]	Lopez	Mark	A.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Employee #	Last Name	First Name	M.I.	(check one or more):	
[REDACTED]	Carter	Libira	R.	<input checked="" type="checkbox"/> On Duty <input type="checkbox"/> Witness to shooting <input checked="" type="checkbox"/> Present during shooting <input type="checkbox"/> Involved in shooting	
Watch Sergeant					
Employee #	Last Name	First Name	M.I.		
[REDACTED]	Shackleford	Matthew	D.		
Watch Commander					
Employee #	Last Name	First Name	M.I.		
[REDACTED]	Lucia	Anthony	M.		

PSD Use Only	
SH # _____	

Rollout Information							
Arrival Date	12/31/14	Arrival Time	1825 hours	Date Submitted	07/03/17	Date of Recommendation	
Employee #		Last Name	Valencia	First Name	Dominic	M.I.	
Employee #		Last Name	Adams	First Name	John	M.I.	D.
Employee #		Last Name	Smith	First Name	Jeff	M.I.	
Shooting / Force Information							

Method

(AW)	Anwen	(OV)	Other Weapon: Vehicle
(BC)	Baton:(Control)	(OB)	Other Weapon: Blunt Object
(BI)	Baton:(Impact)	(OO)	Other Weapon: Other
(BF)	Bodily Fluids	(PK)	Personal Weapon: Feet/Leg: (Kick)
(CN)	Canine	(PS)	Personal Weapon: Feet/Leg: (Sweep)
(CR)	Carotid Restraint	(PH)	Personal Weapon (Hand/Arm)
(CH)	Choice Hold	(PP)	Personal Weapon (Push)
(CT)	Control Holds:(Control Techniques)	(PO)	Personal Weapon (Other)
(TT)	Control Holds:(Team Takedown)	(RS)	Resistance
(TD)	Control Holds:(Takedown)	(CN)	Restraint Device (Capture Net)
(CE)	Chemical	(RH)	Restraint Device (Handcuffs)
(OC)	Chemical Agents (OC Spray)	(HB)	Restraint Device:Hobble (Legs Only)
(TG)	Chemical Agents (Tear Gas)	(TP)	Restraint Device:Hobble (TARP)
(EX)	Explosives	(RE)	Restraint Device: REACT Belt
(FH)	Firearm (Handgun)	(SP)	Sap
(FR)	Firearm (Rifle)	(SH)	Shield
(FS)	Firearm (Shotgun)	(SG)	37mm Stinger
(FO)	Firearm (Other)	(SB)	Sting Ball
(FB)	Flashbang	(ST)	Stun Bag
(FL)	Flashlight	(TR)	Taser
(OE)	Other Weapon: Edged	(UC)	Uncooperative

Type of Injury

(AB)	Abrasion
(BR)	Bruise
(BU)	Burn
(CP)	Complaint of Pain
(CO)	Concussion
(DH)	Death
(DI)	Dislocation
(DB)	Dog Bite
(FR)	Fractures
(GS)	Gunshot
(HB)	Human Bite
(LC)	Lacerations
(ND)	Nerve Damage
(OD)	Organ Damage
(PA)	Paralysis
(PW)	Puncture Wound
(SD)	Soft Tissue Damage
(ST)	Sprain/Twists
(UN)	Unconscious
(RM)	Refused Med Treatment
(NN)	NONE

Body Part Injured

(AD)	Abdomen
(AK)	Ankle
(AR)	Arm
(BK)	Back
(BT)	Buttocks
(CH)	Chest
(EL)	Elbow
(FA)	Face
(FE)	Feet
(FI)	Fingers
(GE)	Genitals
(GR)	Groin
(HD)	Hand
(HE)	Head
(HI)	Hip
(IN)	Internal
(KN)	Knees
(LE)	Leg
(NK)	Neck
(SH)	Shoulder
(WR)	Wrist

Brand

(AK)	AK-47	(JE)	Jennings	(SW)	Smith & Wesson
(BN)	Benelli	(LO)	Lorcin	(SR)	Sturm Ruger
(BR)	Beretta	(LU)	Luger	(SS)	SIG Sauer
(BW)	Browning	(MA)	Martin	(ST)	Sterling
(CH)	Charter Arms	(MO)	Mossberg	(TA)	Taurus
(CO)	Colt	(NC)	NCI aka SKS	(WE)	Weatherby
(DA)	Davis Industries	(NA)	North American	(WN)	Winchester
(GL)	Glock	(NO)	Norinco	(US)	US Government
(HA)	Harrington & Richardson	(RA)	Raven	(YY)	Handmade (Inmate)
(HI)	Hi Standard	(RM)	Remington	(XX)	Homemade (Non-Inmate)
(HK)	H & K	(RG)	RG	(ZZ)	Other Brand
(IT)	Ithica	(RI)	RGI		

Caliber

(9)	9 mm	(24)	.243 caliber	(41)	.410 gauge
(10)	10 mm	(25)	.25 caliber	(44)	.44 caliber
(12)	12 gauge	(30)	.308 caliber	(45)	.45 caliber
(20)	20 gauge	(35)	.357 caliber	(50)	50 mm
(21)	.22-250	(36)	30-60 caliber	(SL)	Slug
(22)	.22 caliber	(38)	.38 caliber	(WWW)	Other caliber
(23)	.223 caliber	(40)	.40 caliber		

FORCE APPLIED (one code per block)[illegible]

Officer Involved Shooting Involved Employee Information

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Involved Employee										
E 1	Employee #		Last Name			First Name		M.I.		
			Reynoso			Aaron				
	Sex: M	Race: H	Rank: DSB-1	Unit Assignment: Compton		Work Assignment (Unit #, Module, etc.): 287D				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input type="checkbox"/> Regular <input checked="" type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:	Height: 601	Weight: 230							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit: COM		Prior Shootings?		Number of Prior Shootings:	Directed Force:
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm	# Shots: 4	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E 2	Employee #		Last Name			First Name		M.I.		
			Ortiz			Jorge		J.		
	Sex: M	Race: H	Rank: DSG	Unit Assignment: Compton		Work Assignment (Unit #, Module, etc.): 287D				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 6		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors: Deputy Ortiz was in his 4th month of at time of shooting,			
	Age:	Height: 600	Weight: 176							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit:		Prior Shootings?		Number of Prior Shootings:	Directed Force:
	Weapons Fired Brand: Beretta 92F		Caliber: 9mm	# Shots: 2	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				
E 3	Employee #		Last Name			First Name		M.I.		
			Valencia			Salvador				
	Sex: M	Race: H	Rank: DSG	Unit Assignment: Compton		Work Assignment (Unit #, Module, etc.): 283T1				
	ShiftTime (circle only one): <input type="checkbox"/> EM <input checked="" type="checkbox"/> PM <input type="checkbox"/> Day		ShiftType (circle only one): <input checked="" type="checkbox"/> Regular <input type="checkbox"/> Overtime <input type="checkbox"/> Off Duty		Intoxication/Drug Usage? <input type="checkbox"/>		Substance Used:			
	Hospital Admission? <input type="checkbox"/>		Hospital Name:		Coroner Case? <input type="checkbox"/>		Coroner Case #		Interviewed? <input checked="" type="checkbox"/>	
	Hrs of sleep prior to shooting: 7		Duty Time (hrs):		Clothing (circle only one): <input type="checkbox"/> Plain Clothes no Vest <input type="checkbox"/> Plain Clothes w/ Vest <input type="checkbox"/> Raid Jacket no Vest <input checked="" type="checkbox"/> Raid Jacket w/ Vest		Other Factors:			
	Age:	Height: 505	Weight: 152							
	Range Qualification Date:		PPC Qualification Date:		Laser Training Date:					
	Certified with Weapon Used?		Patrol Certification?		Certification Unit: COM		Prior Shootings?		Number of Prior Shootings:	Directed Force:
	Weapons Fired Brand: Smith & Wesson		Caliber: 9mm	# Shots: 10	Weapons Fired Brand:		Caliber:	# Shots:		
Field Training Officer Emp #		Last Name		First Name		M.I.				
Field Training Officer Emp #		Last Name		First Name		M.I.				

Officer Involved Shooting Suspect Information

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Suspect Information									
S	Last Name				First Name				M.I.
	Comejo				Mayra				S.
S	AKA Last Name				First Name				M.I.
S	Sex:	Race:	Street Address:		City		State & Zip Code:		
	F	H							
S	Work Phone:		Home Phone:		Social Security #:		Driver's License #:		
S	Age:	D.O.B.	Height:	Weight:	FBI #		CII #		
	34	06/12/80	502	180					
S	Booking #		Primary Charge:			Secondary Charge:			
	N.I.C								
S	Coroner Case?		Coroner Case #		Intoxication/Drug Usage?		Substance Used:		
	<input checked="" type="checkbox"/>		2014-08907		<input type="checkbox"/>				
S	Armed?		Apprehended?		Mental Illness?		Criminal History?		
	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
S	Vehicle Make				Model:		Year:		
	Chevrolet				Tahoe		2001		
S	Last Name				First Name				M.I.
S	AKA Last Name				First Name				M.I.
S	Sex:	Race:	Street Address:		City		State & Zip Code:		
S	Work Phone:		Home Phone:		Social Security #:		Driver's License #:		
S	Age:	D.O.B.	Height:	Weight:	FBI #		CII #		
S	Booking #		Primary Charge:			Secondary Charge:			
S	Coroner Case?		Coroner Case #		Intoxication/Drug Usage?		Substance Used:		
	<input type="checkbox"/>				<input type="checkbox"/>				
S	Armed?		Apprehended?		Mental Illness?		Criminal History?		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
S	Vehicle Make				Model:		Year:		
S	Last Name				First Name				M.I.
S	AKA Last Name				First Name				M.I.
S	Sex:	Race:	Street Address:		City		State & Zip Code:		
S	Work Phone:		Home Phone:		Social Security #:		Driver's License #:		
S	Age:	D.O.B.	Height:	Weight:	FBI #		CII #		
S	Booking #		Primary Charge:			Secondary Charge:			
S	Coroner Case?		Coroner Case #		Intoxication/Drug Usage?		Substance Used:		
	<input type="checkbox"/>				<input type="checkbox"/>				
S	Armed?		Apprehended?		Mental Illness?		Criminal History?		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
S	Vehicle Make				Model:		Year:		
S	Last Name				First Name				M.I.
S	AKA Last Name				First Name				M.I.
S	Sex:	Race:	Street Address:		City		State & Zip Code:		
S	Work Phone:		Home Phone:		Social Security #:		Driver's License #:		
S	Age:	D.O.B.	Height:	Weight:	FBI #		CII #		
S	Booking #		Primary Charge:			Secondary Charge:			
S	Coroner Case?		Coroner Case #		Intoxication/Drug Usage?		Substance Used:		
	<input type="checkbox"/>				<input type="checkbox"/>				
S	Armed?		Apprehended?		Mental Illness?		Criminal History?		
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>				
S	Vehicle Make				Model:		Year:		

Los Angeles County Sheriff's Department

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Non-Employee Witnesses

[illegible]

SUPPLEMENTAL EMPLOYEE WITNESSES

Los Angeles County Sheriff's Department

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Employee Witnesses			
Last Name	Martinez	First Name	Isidro
			M.I.
Street Address	Compton Station	Zip Code	Work Ph (310) 805-6500
			Home Ph
Last Name	Hoyos	First Name	Daniel
			M.I.
Street Address	Marina del Rey Station	Zip Code	Work Ph (310) 482-6000
			Home Ph
Last Name	Abbott	First Name	Roland
			M.I.
Street Address	Aero Bureau	Zip Code	Work Ph (562) 421-2701
			Home Ph
Last Name	Rangel	First Name	Luis
			M.I.
Street Address	Compton Station	Zip Code	Work Ph (310) 805-6500
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	Helbing	First Name	Russell
			M.I.
Street Address	Aero Bureau	Zip Code	Work Ph (562) 421-2701
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph
Last Name	[REDACTED]	First Name	[REDACTED]
			M.I.
Street Address	[REDACTED]	Zip Code	Work Ph [REDACTED]
			Home Ph

Los Angeles County Sheriff's Department

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Non-Employee Witnesses			
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph
Last Name	First Name	M.I.	
Street Address	Zip Code	Work Ph	Home Ph